

62-025822

STATE FILE NUMBER

**AMENDED**

Registration District No. 375 Primary Registration District No. 6283 Registrar's No. 27  
FILED JUL 5 1962

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

### SHOULD READ

ITEM NO.

**INSTEAD OF**

**DATE AMENDED**

**DOCUMENT**

**BY AFFIDAVIT OF**

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Michigan</u> b. COUNTY <u>Albion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albion</u>		c. CITY OR TOWN <u>Albion</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Accident Highway H</u>		d. STREET ADDRESS (If outside, give location) <u>Route one</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Calhoun</u>		4. DATE OF DEATH Month Day Year <u>June 30 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-24-1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and state or country) <u>Norwood, Missouri</u>	
13a. FATHER'S NAME <u>George W. Calhoun</u>		14. NAME OF HUSBAND OR WIFE <u>Erma Calhoun</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Erma Calhoun</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Skull</u> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Accident</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY <u>Hour</u> Month, Day, Year <u>p.m.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway H.</u>	
20f. CITY, TOWN, OR LOCATION <u>Hartsville, Wright Co., Mo.</u>		20g. COUNTY <u>Wright Co.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James Baker Sheriff and acting coronar</u>		22b. ADDRESS <u>Hartsville, Missouri</u>	
22c. DATE SIGNED <u>7/2/62</u>		22d. CITY, TOWN, OR COUNTY <u>Albion, Michigan</u>	
23. BURIAL, CREMATION, or other disposal (Specify) <u>Funeral</u>		23b. DATE <u>7-3-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memory Gardens</u>		23d. LOCATION (City, town, or county) <u>Albion, Michigan</u>	
24. FUNERAL DIRECTOR <u>Bergman-Miller-Bledsoe</u>		25. DATE RECD. BY LOCAL REG. <u>July 3, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>		26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 1962

JUL 18 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.